

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

PO BOX 12846

☐ Check if different than previously reported. (ACC)

Austin

TX

78711

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358903

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
05 01 2016

through

M M M / D D D / Y Y Y Y Y Y
05 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Meredith Heyde

Signature of Treasurer

Meredith Heyde

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 15 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		407568.95
(b) Cash on Hand at Beginning of Reporting Period.....	425666.28	
(c) Total Receipts (from Line 19)	21522.15	107029.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	447188.43	514598.43
7. Total Disbursements (from Line 31)	26500.00	93910.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	420688.43	420688.43
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	2990.00	20249.00
(ii) Unitemized	18514.75	86696.51
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	21504.75	106945.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	21504.75	106945.51
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	17.40	83.97
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21522.15	107029.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21522.15	107029.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	92000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	1910.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26500.00	93910.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26500.00	93910.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	21504.75	106945.51
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21504.75	106945.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Julie Adkins

Mailing Address 208 Susann Dr

City

West Frankfort

State

IL

Zip Code

62896-1937

FEC ID number of contributing
federal political committee.

C

Name of Employer

SIMCA

Occupation

FNP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : C3324889

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin Ballard

Mailing Address 10947 140th Ave NE

City

Thief River Falls

State

MN

Zip Code

56701-8458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

NP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2016

Transaction ID : C3324873

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cynthia Cardon Hughes

Mailing Address 106 Highland Ave

City

Barrington

State

RI

Zip Code

02806-4748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Student

Occupation

Student

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2016

Transaction ID : C3325028

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

915.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sattaria Dilks

Mailing Address 1901 Rosedown Dr

City State Zip Code
 Lake Charles LA 70605-9700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Psychiatric Mental Health NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 09 / 2016

Transaction ID : C3324879

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angela Golden

Mailing Address PO Box 25959

City State Zip Code
 Munds Park AZ 86017-5959

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NP from Home, LLC

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : C3324721

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Meredith Heyde

Mailing Address 105 Quail Ridge Dr

City State Zip Code
 Simpsonville SC 29680-6606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Optum/United Health Group

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 03 / 2016

Transaction ID : C3324881

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Meredith Heyde

Mailing Address 105 Quail Ridge Dr

City State Zip Code
 Simpsonville SC 29680-6606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum/United Health Group

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

05 / 21 / 2016

Transaction ID : C3324880

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kenneth Hopkins

Mailing Address 4560 Rolling Dunes Ln

City State Zip Code
 Oak Harbor WA 98277-9728

FEC ID number of contributing
federal political committee.

C

Name of Employer

RelayHealth

Occupation

FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 11 / 2016

Transaction ID : C3324921

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Douglas Houghton

Mailing Address 400 NE 28th St

City State Zip Code
 Wilton Manors FL 33334-2034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jackson Health System

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 14 / 2016

Transaction ID : C3324950

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

630.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Colleen Leners

Mailing Address 3738 Via Del Conquistador

City State Zip Code
 San Diego CA 92117-5741

FEC ID number of contributing
federal political committee.

C

Name of Employer

RWJF

Occupation

Health Policy Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 13 / 2016

Transaction ID : C3324860

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marci Lowe

Mailing Address 9639 Hefner Village Blvd

City State Zip Code
 Oklahoma City OK 73162-7766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alpha Pain Management

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : C3324820

Amount of Each Receipt this Period

195.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Heidi Maloni

Mailing Address 5 Chevy Chase Cir

City State Zip Code
 Chevy Chase MD 20815-3414

FEC ID number of contributing
federal political committee.

C

Name of Employer

VA

Occupation

Clinical Nursing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : C3324868

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Nancy O'Rourke

Mailing Address 55 Truell Rd

City

Hollis

State

NH

Zip Code

03049-6272

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lahey Hospital and Medical Center

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

05 / 14 / 2016

Transaction ID : C3324876

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sheri Rickman Patrick

Mailing Address 1932 Bastona Dr

City

Elk Grove

State

CA

Zip Code

95758-7103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capitol Family Medical Assoc

Occupation

FNP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

05 / 19 / 2016

Transaction ID : C3324912

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Christine Williams

Mailing Address 15701 Fernway Rd

City

Shaker Heights

State

OH

Zip Code

44120-3353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Neighborhood Family Practice

Occupation

FNP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 04 / 2016

Transaction ID : C3324859

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

295.00

2990.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ROY BLUNT

Mailing Address 209 Pennsylvania Ave SE

City Washington	State DC	Zip Code 20003-1107
--------------------	-------------	------------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

Roy BluntOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

Transaction ID : D173351

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVE REICHERT

Mailing Address PO Box 53322

City Bellevue	State WA	Zip Code 98015-3322
------------------	-------------	------------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

DAVE REICHERTOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2016

Transaction ID : D173398

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ERIK PAULSENMailing Address PO Box 44369
250 PRAIRIE CENTER DRIVE

City Eden Prairie	State MN	Zip Code 55344-1369
----------------------	-------------	------------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

ERIK PAULSENOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2016

Transaction ID : D173416

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. COMMON VALUES PACMailing Address 901 N Washington St
Ste 102

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

Transaction ID : D173605

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KRISTI FOR CONGRESS

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101-0852

Purpose of Disbursement
Campaign Contribution

Candidate Name

KRISTI LYNN NOEMOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

Transaction ID : D173607

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DAVIS FOR CONGRESS/FRIENDS OF DAVIS

Mailing Address 5956 W Race Ave

City Chicago State IL Zip Code 60644-1462

Purpose of Disbursement
Campaign Contribution

Candidate Name

DANNY K. DAVISOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

Transaction ID : D173609

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. HOLDING ONTO OREGON'S PRIORITIES

Mailing Address PO BOX 3314

City	State	Zip Code
PORTLAND	OR	97208

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2016

Transaction ID : D173673

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAN KILDEE

Mailing Address PO Box 248

City	State	Zip Code
Flint	MI	48501-0248

Purpose of Disbursement
Campaign Contribution

Candidate Name

Daniel T Kildee

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2016

Transaction ID : D173696

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ADRIAN SMITH FOR CONGRESSMailing Address 3321 AVENUE I
SUITE 6

City	State	Zip Code
SCOTTSLUFF	NE	69361

Purpose of Disbursement
Campaign Contribution

Candidate Name

ADRIAN SMITH

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NE District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

Transaction ID : D173608

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PEOPLE FOR BEN

Mailing Address PO BOX 31129

City	State	Zip Code
SANTA FE	NM	87594

Purpose of Disbursement
Campaign Contribution

Candidate Name

BEN R LUJANOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : D173272

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City	State	Zip Code
BOWLING GREEN	KY	42102

Purpose of Disbursement
Campaign Contribution

Candidate Name

S. BRETT GUTHRIEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2016

Transaction ID : D173496

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HELLER FOR SENATE

Mailing Address PO Box 371907

City	State	Zip Code
Las Vegas	NV	89137-1907

Purpose of Disbursement
Campaign Contribution

Candidate Name

Dean HellerOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

Transaction ID : D173606

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. NANCY PELOSI FOR CONGRESSMailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Campaign Contribution

Candidate Name

NANCY PELOSIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2016

Transaction ID : D173347

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DR. RAUL RUIZ FOR CONGRESS

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 92261-3433

Purpose of Disbursement
Campaign Contribution

Candidate Name

Raul RuizOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2016

Transaction ID : D173630

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WYDEN FOR SENATE

Mailing Address PO Box 3498

City Portland State OR Zip Code 97208-3498

Purpose of Disbursement
Voided check from 4-26-16

Candidate Name

RONALD LEE WYDENOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2016

Transaction ID : D173672

Amount of Each Disbursement this Period

-2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

26500.00
